NOVA SCOTIA

Department of Health

2004-2005 Business Plan

Dr. Thomas Ward, Deputy Minister

106-05135/

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Message from the Minister

As Minister of Health, I am pleased to table the Department of Health's Business Plan for 2004-05. The Government of Nova Scotia and the Department of Health have set realistic goals and established achievable priorities for 2004-05 in our business plan and budget that will continue to improve the health care system in Nova Scotia and the lives of Nova Scotians.

During 2003-2004, the Department of Health helped Nova Scotians lead healthier lives, successfully brought more doctors, nurses and health care professionals to the places they were most needed, and reduced wait times in the key areas of cardiac care, MRI, radiation for cancer care and bone densitometry. We expect wait times for orthopedic surgery to stabilize, supported by the funding increases earlier announced. This year's budget includes sustained funding to continue this wait times work in other key areas. A new Wait Times Monitoring Committee will publish wait times information and address bottlenecks in the system as part of a province-wide strategy.

Nova Scotia's seniors deserve to health care coverage when they become residents of the province's nursing homes, residential care facilities, or community-based options. Beginning January 1, 2005, the Department of Health will fund the total cost of health care for individuals who live in these facilities.

Funding is continuing to increase for those who deliver care to people in communities across Nova Scotia. The total budget for District Health Authorities is increasing from $1.03 billion to $1.12 billion. This represents a budget that is larger than that of any other government department. The overall budget for the Department of Health, including the DHAs has increased from $2.1 billion to $2.3 billion.

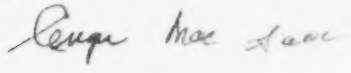
Terrorism and new diseases are sadly now part of the realities for which we prepare in the health system. The Office of the Chief Medical Officer of Health has received additional funding to help prevent and prepare for public health emergencies, as well as to enhance our capacity to prevent chronic disease through activities such as tobacco control and addiction services.

Government is moving forward in 2004-05 with strategies to ensure that healthcare workers are in place to care for Nova Scotians in the coming years as more workers approach retirement age. Nova Scotia will continue to fund a joint initiative between our Community College and the New Brunswick Community College to train 25 medical laboratory technologists.

In 2003-04, eight new first-year seats were added to the Dalhousie Medical School. This expanded class size will continue with the first-year class of 2004-2005.

Increased funding for Emergency Health Services will enable wage increases for paramedics, providing support to recruitment and retention efforts

These and many other investments clearly demonstrate the government's ongoing commitment to health care as its number one priority. Nova Scotians deserve nothing less.



The Honourable Angus MacIsaac
Minister of Health

1. Mission

Through leadership and collaboration to ensure an appropriate, effective and sustainable health system that promotes, maintains and improves the health of Nova Scotians.

The Department of Health is committed to the ongoing improvement of our health care system through system planning, legislation, resource allocation, policy and standards development, monitoring and evaluation, and information management. Accordingly, the Department:

- sets strategic direction and standards for health services
- ensures availability of quality health care
- monitors, evaluates and reports on performance and outcomes
- funds health services

The Department of Health has reaffirmed three "critical to mission" criteria against which all program proposals and existing programs and services are evaluated.

Our Mission requires that health care and services in Nova Scotia be:

Integrated
An integrated health system ensures the coordination of services and allows providers to work together to improve the health status of the population.

Community-Based
A community-based health system assures input by communities in planning and identifying strategies and services to improve the health of the population and ensures that teams of providers participate in carrying out these strategies and services.

Sustainable
A sustainable health system is one that is accountable for providing quality services to the population it serves and is affordable in the long term.

The Department of Health has adopted the following corporate values and guiding principles for ethical decision-making for both internal management purposes and its relationship with health system partners.

Corporate Values of the Department of Health

Collaboration
- to foster a team-based working environment
- to seek a wide range of opinions to inform decision-making

Integrity
- to be open and honest
- to honour our commitments

Respect
- to value the ideas of others
- to accept and value diversity

Decisiveness
- to identify and communicate a preferred option in a timely manner

Innovation
- to be creative
- to allow learning thus enabling the emergence of improved methods of service delivery

Leadership
- to act in a manner that encourages others to adhere to corporate values of the ethical environment
- to provide "vision"

Accountability
- to adhere to the obligation to report on defined expectations in a timely manner

Guiding Principles for Ethical Decision-Making

- Balance greatest good for the greatest number with targeting high risk/disadvantaged populations.
- Equitable opportunities to achieve positive health status (outcomes) regardless of place of residence.
- Equitable quality of health services regardless of location (service may be different, but meets minimum standards).
- Evidence and research-based decision-making.
- Sustainable – plan for today's and tomorrow's needs.
- Broad perspective is considered – active community/stakeholder support is sought, decisions are not made in isolation – consider impacts across system, sectors, etc.
- Transparency – follow through on applying and communicating decision-making principles, processes and criteria.

2. Planning Context

2.1 Introduction

Through its election platform, business plans and budget, the Government of Nova Scotia has articulated a policy direction that provides an important context for the mission, strategic priorities and core business areas of the Department of Health. In its Corporate Plan for 2004-05, the Government re-committed to its vision of a "healthy, prosperous and self-sufficient Nova Scotia". The sustainability of Nova Scotia's health system is key to the Government's overall social and fiscal policy objectives.

This business plan integrates the budget of the Department of Health with its priorities for health status improvement, health care and service delivery, human resource planning and management, communications, information management and outcomes achievement. The business plan spans the entire provincial health system but the priorities contained here relate most directly to those components that are the direct responsibility of the Department of Health.

2.2 Structure and Function of the Nova Scotia Health System

The *Health Authorities Act* established the province's nine District Health Authorities (DHAs) and their community-based supports, Community Health Boards (CHBs). DHAs are responsible for governing, planning, managing, delivering, monitoring and funding health services within each district and for providing planning support to the CHBs. Services delivered by the DHAs include acute and tertiary care, mental health, addictions and public health services.

The province's thirty-seven CHBs are responsible to develop community health plans with primary health care and health promotion as their foundation. DHAs draw two thirds of their board nominations from CHBs and consider their community health plans as part of the DHA's annual business planning process. In addition to the nine DHAs, the IWK Health Centre continues to have separate board, administrative and service delivery structures. The Department of Health is directly responsible for physician and pharmaceutical services, emergency health and continuing care services, and many other insured and publicly funded health programs and services.

The quality of the health system in Nova Scotia is at the forefront of both routine health services management and new system development. Nova Scotians, like other Canadians, expect high quality care and services delivered in a timely fashion by competent practitioners using methods that are known to produce good outcomes. The priorities outlined in this business plan will support the Department's ongoing commitment to maintaining health system quality.

2.3 "Your Health Matters"

In response to key health care and health promotion challenges, the Nova Scotia Department of Health released ***Your Health Matters*** in 2003. The four strategic areas of focus in ***Your Health Matters*** are outlined below, together with examples of initiatives that are shaping the Department of Health's planning for 2004-2005.

2.3.1 Helping People Stay Healthy

Chronic Disease Prevention and Management A stakeholder-driven Chronic Disease Prevention Strategy was initiated in 2001 and concluded in October 2003 with the submission of a final report to the Minister of Health. The Office of Health Promotion, with support from the Department of Health and other government departments, will lead the Province's integrated and multi-year response to this submission. The Department of Health is also developing an integrated approach to chronic disease management across the health system.

Health Protection and Emergency Preparedness Nova Scotia is working with the federal government and provincial/territorial jurisdictions to implement a framework response for an effective and escalating response to threats such as SARS, West Nile Virus, terrorist events, among others. In addition, the Department is working with others to develop a new *Health Protection Act* that will give Nova Scotia more protection against public health threats.

Primary Health Care Renewal The Advisory Committee on Primary Health Care Renewal presented its report to the Minister of Health in June 2003. The report recommended a focus on health promotion, a greater role for communities in defining needs, a team approach to health service delivery and effective use of technology as key elements of successful renewal or primary health care. Progress towards these objectives, in cooperation with the District Health Authorities (DHAs), is an important priority in 2004-2005.

2.3.2 Training, Recruiting and Keeping More Doctors, Nurses and Health Professionals

Physician Recruitment and Retention Work has begun to secure at least 100 more doctors for Nova Scotia through additional training and recruitment.

Nova Scotia's Nursing Strategy Funding the Nursing Strategy will continue with a goal of adding at least 350 nurses to our health system.

Medical Laboratory Technologists A customized training program has begun to train an additional 88 medical laboratory technologists over the next four years, providing bursaries for those who agree to work in Nova Scotia.

2.3.3 Shortening Wait Lists for Tests, Treatment and Care

Wait Time Monitoring Planning work is underway to collect standardized information in key areas of the health care system across the province. Once collected and analyzed, this information will be used to address priority areas in the health care system.

Diagnostic and Medical Equipment Between 2003 and 2006, $45 million will be invested in diagnostic and medical equipment. Priorities will be developed with the DHAs.

2.3.4 Caring for Our Seniors

Health Care Costs of Long Term Care Nova Scotia will cover the full health care costs of seniors living in nursing homes, residential care facilities and community-based options. This will end all calculations of personal assets before long term care placement.

Health Needs of Seniors A task force on Nova Scotia's aging population will be established to make recommendations about future health and social programming needs.

2.4 Health Cost Drivers

The proportion of persons aged 65 years and over in the population has increased from 9% in 1966 to 13.6% in 2002, and is forecast to increase to 18.5% by 2016. Conversely, the proportion of the population of children and infants is decreasing (11.3% of the population in 1966, 6.8% in 1986 and is forecast to decrease to 5.1% by 2016). With an aging population, there is increasing pressure to expand the basket of publicly insured services to include, for example, home care, long term care, pharmaceuticals and health promotion activities.

In comparison to other provinces, Nova Scotia has the:

- second highest level of years of life for cancer
- second highest level of years lost for respiratory illness
- third highest level of years lost for heart diseases
- highest rate of deaths due to breast cancer
- highest rate of deaths due to respiratory illness
- third highest rate of deaths due to lung cancer
- highest rate of high blood pressure
- second highest rate of smokers
- highest risk of depression
- second highest rate of diabetes

Comparison of Key Health Determinants

Comparison of Nova Scotia and Canada as a Whole[1]

Indicator	Nova Scotia	Canada
Smokers as percentage of total population	28.2%	26.0%
Fruit & vegetable intake meeting Canada Food Guide (5-10 servings/day)	29.4%	33.7%
Self-report of fair or poor health	14.4%	11.9%
Self-report of Heart Disease	6.3%	5.0%
Self-report of Diabetes	5.2%	4.2%
Self-report of Chronic Respiratory Disease	16.3%	14.2%
Self-report of Mobility Disability	4.6%	3.6%

This extraordinary burden of illness and disability contributes to health system cost pressures.

The health care system in the province is a major employer of Nova Scotians. In fact, the health care system accounts for almost 30,000 full-time equivalents (FTEs) across the province. Health care is a labour intensive service and is sensitive to fluctuations and cost pressures associated with the labour market and health professional workforce. Highly competitive labour markets continue to drive further wage and incentive increases in the years to come.

2.5 Health Care Spending

Nova Scotia's expenditures on health care have risen by over $800 per capita or almost $800 million per year since 1993-94. The three largest healthcare expenditures are made for hospitals, long term care facilities, and physicians. We spend at greater proportional levels than do most other provinces in the areas of hospitals and physician services. To achieve these levels, Nova Scotia spends proportionally less in areas such as public health, home care and administration. Despite Nova Scotia's increased investment in healthcare, according to the Canadian Institute for Health Information (CIHI), Nova Scotia's per capita health expenditures were the second lowest among the Canadian provinces for 2003.

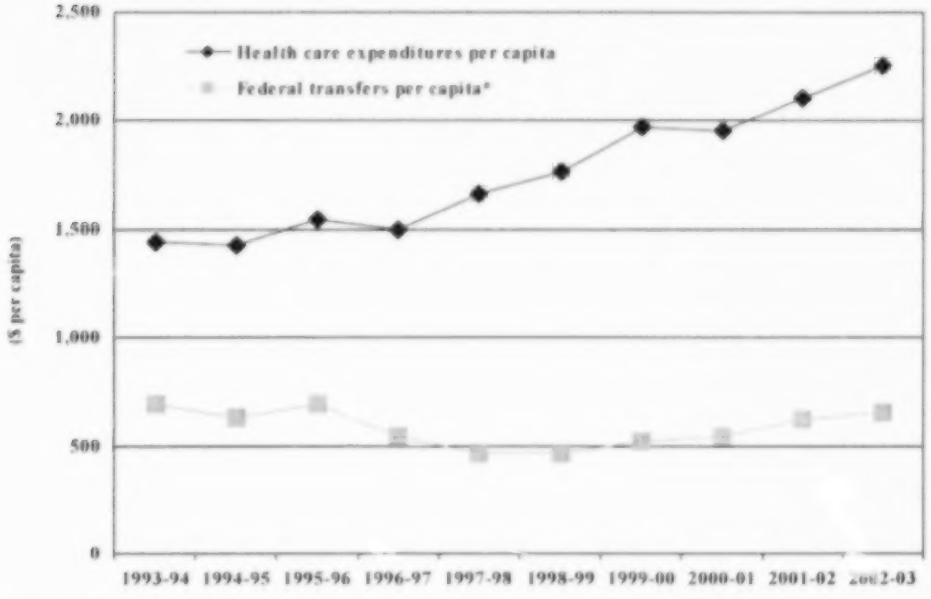
2.6 Federal Funding for Health

Federal transfers have not kept pace with health care cost pressures. The federal government has contributed to provincial expenditures on health services (as well as post secondary education and social assistance) through the CHST (Canada Health and Social Transfer). The CHST was introduced in 1996-97 to replace two previous transfer programs: the Canada Assistance Plan (CAP) and Established Programs Financing (EPF).

[1] Data from the Canadian Community Health Survey: Summary Report to the District Health Authorities, 2002. All differences between Nova Scotia and Canada as a whole are statistically significant.

At that time, transfers to the provinces under the CHST were dramatically reduced from those under the previous programs. Had transfers even been maintained at their 1993-94 levels, Nova Scotia would have received almost $1 billion more by 2002-03 for health care and other key programs.

NS Health Expenditures and Federal Transfers



***Federal transfers - Canada Assistance Plan + Established Programs Financing (through 1996-97); Canada Health and Social Transfer (1996-97 on).Federal transfers support Provincial expenditures on health care, social services and post secondary education.**

Since the introduction of the CHST, federal support for health care, social services and post secondary education has fallen dramatically. Currently, the federal government transfers about 16 cents for every dollar of provincial expenditure on these programs. The Premiers have requested that the federal government provide a permanent infusion of $3 billion in transfers to the provinces starting in 2004-05. In each subsequent year, the federal government should increase its share of health and social spending by one per cent until it reaches the 25 per cent recommended by the Romanow Commission.

With the advent of the Canada Health Transfer (CHT) in 2004-05, federal transfers for health care will be easier to identify. The 2003 federal budget allocated $15.2 billion for the new CHT in 2004-05 and $17.0 billion in 2005-06. This funding will not bring the federal government back to its historical level of support for provincial health care expenditures.

In 2003, First Ministers agreed to a new Health Accord, which provides for $34.6 billion in federal spending over a five-year period beginning in 2003-2004. The Accord represents an agreement to work with other provinces, the federal government, health care providers, and citizens in the pursuit of timely access to high quality, effective, safe and patient-centered health services. Part of this Accord is a new $16 billion Health Reform Fund targeted to three priority reform activities:

- the expansion of new models of primary health care
- home care and
- catastrophic drug coverage.

At approximately 3% of the Canadian population, Nova Scotia's per capita share of the Health Reform Fund is $45 million in 2004-2005. An additional $45 million over three years is earmarked for diagnostic and medical equipment.

The federal government pledged a one-time $2 billion cash infusion for health care, conditioned on the state of the federal government's finances. In February 2004, Prime Minister Martin confirmed that this money would be available for 2004-05. Nova Scotia's share is $60 million. Recognizing the reality of ever-increasing healthcare costs, Nova Scotia has lobbied, so far unsuccessfully, to make this increase in funding an ongoing commitment of the federal government. The table below depicts the expected flow of federal funding for health under the terms of the First Ministers Accord and subsequent arrangements.

Federal funding transfers have not kept pace with Nova Scotia's extraordinary cost pressures for health services.

First Ministers Health Accord Funding

	$Millions					
	2003-04	2004-05	2005-06	2006-07	2007-08	Total
Federal Funding - National						
CHST Supplement	2,500					2,500
Health Reform Fund	1,000	1,500	3,500	4,500	5,500	16,000
Diagnostic/Medical Equipment	500	500	500			1,500
One-time Top-up		2,000				2,000
TOTAL	4,000	4,000	4,000	4,500	5,500	22,000
Nova Scotia's Population Share	3.003%	2.986%	2.969%	2.953%	2.937%	
Federal Funding - NS Per Capita Share						
CHST Supplement	75					75
Health Reform Fund	30	45	104	133	162	474
Diagnostic/Medical Equipment	15	15	15			45
One-time Top-up		60				60
TOTAL	120	120	119	133	162	654

Prepared by Intergovernmental Affairs, NS DoH, February 12, 2004

3. Strategic Goals

The five strategic goals of the Department of Health are:

Quality	Ensure development and implementation of system standards supporting quality service, continuity of care, and patient safety.
Access	Facilitate the provision and promotion of reasonable access to health services.
Wellness	Address health determinants; promote and maintain health.
Accountability	Monitor, evaluate and report on clearly articulated expectations for the health system and its governance.
Sustainability	Ensure effective, efficient and equitable allocation of available resources on an ongoing basis.

4. Core Business Areas

The Department of Health has 6 Core Business Areas:

- Primary Health Care
- Mental Health Services
- Acute and Tertiary Care
- Insured Health Programs
- Continuing Care Services
- Health Protection, Public Health, Addictions, and Emergency Health Services

These 6 Core businesses are delivered to Nova Scotians by health professionals and health care provider organizations and overseen by divisions in the Department of Health. Administrative support to these departmental functions is provided by the following branches/offices in the Department of Health:

- Communications
- Legal Services
- Health Sector Workforce/Human Resources
- Health Information Management
- Quality and Healthcare Safety
- F/P/T Affairs
- Financial Services
- Policy, Planning and Legislation

4.1 Primary Health Care

Primary health care includes primary care, which is the first point of contact individuals have with the health care system and the first element of a continuing care process. Primary health care includes prevention, diagnosis and treatment of common illness or injury, support for emotional and mental health, ongoing management of chronic conditions, advice on self-care, ensuring healthy environments and communities and coordination for access to other services and providers.

Primary health care is about positively influencing the many factors that affect health. It includes a team-based approach to health-care delivery, all-day access to essential health services, care for people of all ages and cultures in their communities, and the appropriate use of technology.

Enhancing primary health care evaluation and research capacity throughout the province will strengthen Nova Scotia's ability to continue to improve the primary health care system beyond the transition phase.

The Primary Health Care Transition Fund continues to support District Health Authorities as they develop and implement primary health services. Major priorities include the creation of new ways to develop sustainable primary health care networks, increasing the number of community-based primary health organizations, and transitioning the primary health care system to an electronic patient record.

The Primary Health Care Section provides policy and planning support for the redesign of a community-based primary health care system for Nova Scotia. Elements include: increasing the number of community-based primary health care organizations, more interdisciplinary teams, inclusion of midwives in interdisciplinary teams, better linkages to other parts of the health system, and increased emphasis on health promotion.

The Strengthening Primary Care in Nova Scotia Communities Initiative (SPCI) demonstrated new ways to fund, deliver and manage primary care in each of four Nova Scotia communities. New approaches included collaborative practice between nurse practitioners and physicians, electronic information systems and alternatives to fee-for-service payment for physicians. The evaluation of SPCI will inform ongoing primary health care renewal activities.

4.2 Mental Health Services

The Department of Health, Mental Health Division, is responsible for policy, standards, monitoring and funding mental health services. Mental Health services for children, youth and adults are delivered through the province's 9 DHAs and the IWK Health Centre. Delivered across the life span, core programs include:

- secondary prevention and promotion,
- outpatient and outreach services,
- acute, short stay and long term psychiatric in-hospital treatment,

- specialty mental health services and
- community supports.

Services are consumer and family-focused and community-based where possible. Some mental health services are delivered through a 'shared care' approach in collaboration with primary care services.

All DHAs and the IWK Health Centre provide outpatient and outreach services through a network of more than 50 community-based mental health clinics. In-patient psychiatric units are located in all DHAs except the Cumberland Health Authority, which accesses services from the adjoining Colchester-East Hants DHA. In addition, several day-treatment programs, psychosocial rehabilitation programs, and specialty mental health services are available throughout the province. Specialty services include seniors' mental health, eating disorders, adult and youth forensic services, sex offender treatment, early psychosis and neurodevelopmental services.

4.3 Acute and Tertiary Care

Through collaborative relationships with the 9 DHAs, the IWK Health Centre, and several provincial health care programs, the Acute and Tertiary Care Branch ensures that affordable, appropriate, and effective acute care services are available to Nova Scotians. The Branch also liaises and supports the operations of provincial and ancillary programs ensuring that provincial standards for clinical care are developed and maintained across the province.

Acute and Tertiary Care Services Acute care services are delivered in 39 facilities throughout Nova Scotia. These include the 37 under governance and operation of the DHAs as well as the St. Anne's Community and Nursing Care Centre in Arichat and the IWK Health Centre in Halifax. Funding is provided by the Department of Health in accordance with the *Canada Health Act* and the provincial *Health Services and Insurance Act*.

Inpatient services provided by DHAs range from general practitioner services at the community facility level to varied specialist services at the district level. Specialist services in district facilities may include cardiology, respirology, gastroenterology, obstetrics, otolaryngology, orthopaedics, ophthalmology, pathology, psychiatry, pediatrics, urology, plastic surgery, maxillofacial surgery, oncology, neurology, dermatology and endocrinology. Varying configurations of emergency and ambulatory care services are provided in community and district facilities across the province.

The Queen Elizabeth II Health Sciences Centre and the IWK Health Centre in Halifax provide primary and secondary care services to metro area residents, and a broad range of specialized services to all Nova Scotians. These include neurosurgery, secondary and tertiary care pediatrics, high risk obstetrics, burn intensive care, cardiac surgery, transplantation programs, cardio-thoracic surgery, immunology, and hematology. The QE II and the IWK also provide tertiary care services to patients from New Brunswick and Prince Edward Island, and also provide the highest level of emergency services.

Ancillary Programs The Acute and Tertiary Care Branch is responsible for the policy development, program content, tariff negotiations with the professional provider associations, and day-to-day management of a group ancillary health services. Dental programs/services include children's oral health, cleft palate/craniofacial surgery, dental surgery, and services for mentally challenged clients. Prosthetic services include arm and leg, ocular, and mastectomy prostheses, and maxillofacial prosthodontics. Optometry and Interpreter Services for the Deaf and Hard of Hearing are also included.

These programs and services are not mandated as insured services under the *Canada Health Act* but are provided by the Province to assist those individuals who most require assistance.

Hospital Facility Construction and Renovations Working with the Department's Financial Services Branch, the Acute and Tertiary Care Branch plays a key role in the development and priority-based approval of DHA role studies, master programs and functional programs.

Provincial Health Programs The Acute and Tertiary Care Branch is responsible for provincial programs that address health issues across sectors of the health system and which are beyond the mandate of any single DHA or health organization. Provincial Programs develop service standards, monitor their achievement, and provide advice to the Department of Health based on best practices, stakeholder input and research-based evidence.

Current Provincial Programs are:

- Cancer Care Nova Scotia
- Nova Scotia Diabetes Care Program
- Reproductive Care of Nova Scotia
- Nova Scotia Breast Screening Program
- Nova Scotia Cardiac Advisory Council
- Nova Scotia Provincial Blood Coordinating Program
- Nova Scotia Hearing and Speech Program

4.4 Insured Health Programs

In addition to hospital services, the Department of Health also funds medical or physician services for Nova Scotians under the terms of the *Canada Health Act* and the provincial *Health Services and Insurance Act*. Under the legislation, insured physician services are those services which a qualified and licensed physician deems are medically necessary to diagnose, treat, rehabilitate or otherwise alter a disease pattern.

Pharmaceutical Services provides programs, drug policy advice, and research to promote, maintain and improve the health of Nova Scotians through appropriate drug use. The

main program area is the Nova Scotia Seniors' Pharmacare Program, which provides prescription drug insurance to 94,000 seniors in the province.

4.5 Continuing Care Services

Continuing care contributes to the integrated continuum of health services by providing a range of home, community and residentially based services to support individuals with identified health needs. Care is provided in a manner that enables the individual to live as independently as possible in the community or in a residentially based service. In most cases, the need for care and support is for the longer term (continuing care). However, short-term needs are also addressed by both home care and residentially based programs. While the majority of clients are seniors, services are also provided to younger adults.

Continuing Care Services include home care, long term care, adult protection, and care coordination. Services are coordinated through single entry access that ensures care needs are identified through the use of a consistent assessment process. Referrals are made to the appropriate care providers. Assessment, care coordination and ongoing case management are a responsibility of the Continuing Care Branch. The Branch collaborates with approximately 140 provider organizations, including non-profit home support agencies, Victorian Order of Nurses (VON), and Nursing Homes/Homes for the Aged. Nursing Homes and Homes for the Aged are variously owned and operated by municipalities, private-for-profit owners, and non-profit organizations.

Home Care programs provide support to approximately 23,000 Nova Scotians. Services include both short term (acute) and longer term professional nursing care provided by registered nurses (RNs) and licensed practical nurses (LPNs). Home support services include personal care, nutritional care, essential housekeeping, and home oxygen. Community supports include adult day and volunteer programs, meals-on-wheels, and limited community rehabilitation services.

Residentially-based programs, providing support to approximately 8,500 Nova Scotians, include licensed Nursing Homes and Homes for the Aged, licensed Residential Care Facilities, and a number of Community Based Options (CBOs). CBOs serve up to three clients and operate under interim guidelines.

Adult protection support services are extended to adults 16 years of age or older who are abused or neglected (including self-neglect). Provided under the authority of the *Adult Protection Act*, these services are currently provided to approximately 1,300 clients annually, 75% of whom are over 65 years of age.

4.6 Health Protection, Public Health and Addictions, and Emergency Health Services

Health Protection is the responsibility of the Office of the Provincial Medical Officer of Health. Legislated responsibility includes the protection and promotion of the public's health in the areas of:

- Communicable disease control,
- Environmental health, and
- Emergency preparedness and response.

The Office of the Provincial Medical Officer of Health, in collaboration with academic expertise at Dalhousie University, functions as an expert resource in community health science and an epidemiological resource for the Department of Health, the DHAs, other government departments, and community groups.

Public Health Services are delivered to Nova Scotians through the DHAs. The staff work in partnership with communities, families and individuals to prevent illness, protect and promote health and achieve well-being. Activities are directed at an entire population, priority sub-populations or individuals in some circumstances. Major functions include population health assessment, health surveillance, population health advocacy, health promotion, disease/injury prevention, and health protection.

Addiction Services is responsible for defining core services, development and review of standards and best practices for service delivery, development of provincial policy, monitoring and audit of programs, consultation with service providers in the DHAs, and facilitation of provincial program development. Addiction programs and services are delivered to Nova Scotians through the DHAs. Services span the continuum from prevention, community education, early identification and referral, to treatment and rehabilitation. Included are withdrawal management (detoxification and addiction education programs), community-based programs (outpatients and structured treatment), problem gambling services, and community education.

DHAs deliver addiction services using a 'client centered' treatment philosophy. This includes client self-determination coupled with service options that are diverse, flexible and accommodating. The process is aimed at optimizing the health of individuals harmfully involved with alcohol, drugs, and/or gambling through the provision of a comprehensive range of integrated bio-psycho-social treatment services. Programs and services may be available on a residential, day, or outpatient basis, and may include individual, group and/or family programming. Targeted programming for adolescents, women, families and/or driving while impaired offenders is offered where appropriate.

Emergency Health Services (EHS) is the division of the Department of Health that is responsible for the continual development, implementation, monitoring, and evaluation of pre-hospital emergency health services for the province. Since 1995, the ambulance system has undergone a transformation from primarily a transportation system to a pre-

hospital medical system with a province-wide fleet of well-equipped ambulances. As part of a performance-based contract, the ambulances are staffed by registered paramedics who perform life-saving procedures and can administer a wide range of medications.

The main components of EHS are a communications centre, a ground ambulance service, an air medical transport program (EHS Life Flight), a provincial trauma program, a medical first responders program, and the Atlantic Health Training and Simulation Centre. All system components are monitored by physicians specially trained in emergency care.

5. Priorities for 2004-2005

Providing safe, quality health care and services to Nova Scotians is a priority of the Government. Nova Scotia can be proud of its health system,. but there is always room for improvement. This principle of continuing improvement is evident in the priority statements under each of the Core Business Areas and overarching initiatives such as health human resource planning, wait time reduction for tests and treatments, expanding access to services closer to home, healthcare safety and public accountability reporting.

Department of Health priorities for 2004-2005 flow from our five strategic goals and are grouped by core business area. Because of our integrated, multi-disciplinary and cross-functional approach to health service planning and service delivery, most priorities impact or flow from more than one goal and core business area.

Sections 5.1 through 5.6 contain the priorities of the Department of Health and the health system for 2004-2005. Sections 5.7 through 5.9 list priorities in strategic support areas that are broader than any single core business area. These include Health Information Management, Health Human Resources, and Health System-Wide priorities. All priorities describe new or renewed areas of emphasis in their respective core business areas. These are in addition to the baseline activities in each core business area as broadly described in Section 4 of this business plan.

5.1 Primary Health Care

5.1.1 Primary Health Care Nurse Practitioner Positions

Sustaining funding is secured for the 13 Primary Health Care nurse practitioner positions established in 2003. These serve to augment primary health care services currently provided and fill a longstanding service gap in many Nova Scotia communities. DHAs will continue their development of innovative primary health care initiatives including increasing the number of multi-disciplinary teams (family physicians, nurse practitioners, family practice nurses and other community partners) using a variety of collaborative practice models.

5.1.2 Diversity and Social Inclusion Awareness in Primary Health Care

Nova Scotia's vision for primary health care recognizes the need for primary health care services that value and respond to the "cultural, racial and spiritual experiences of individuals, families and communities". It requires that equity of access be established for those who have historically faced barriers for reasons including race, ethnicity, language and culture, understanding that these and related factors affect health.

Diversity and Social Inclusion in Primary Health Care is an initiative to raise awareness of diversity and social inclusion issues (primarily related to race, language and culture) across a broad range of stakeholders within the primary health care system. Ongoing activities in 2004-05 will include involvement of primary health care leaders and culturally diverse populations in the development of guidelines and policies that address diversity and social inclusion issues in primary health care.

5.1.3 Primary Health Care Evaluation

Nova Scotia is building upon its existing capacity for primary health care evaluation and research to evaluate the impact of changes made as a result of renewal activities. Enhancing primary health care evaluation and research capacity throughout the province will strengthen Nova Scotia's ability to continue to improve the primary health care system beyond the transition phase.

In February 2004, the Primary Health Care Section invited a broad range of stakeholders to a consultation on the development of an evaluation framework for primary health care in Nova Scotia. The workshop was a key step in beginning the capacity-building process and engaging stakeholders in evaluation planning.

5.1.4 Continuing Professional Education for Primary Health Care Providers

Nova Scotia is the lead province in the Atlantic Region collaborative initiative *Building a Better Tomorrow*. The core of the initiative is the development and delivery of continuing professional education modules to primary health care providers in all four Atlantic Provinces in an effort to facilitate change. It will support providers' transition to a renewed primary health care system and complements renewal activities currently underway in the Atlantic Provinces. Key areas of focus in 2004-2005 will be consultation and content design.

5.1.5 Primary Maternity Care

In response to the recommendations of the Nova Scotia Advisory Committee on Primary Health Care Renewal, a Primary Maternity Working Group will be established in 2004 to develop a regulatory framework for the inclusion of midwives in collaborative teams delivering primary maternity care in Nova Scotia. Issues to be explored include scope of practice, legislation/regulation, integration with DHAs, collaborative teams, and payment strategies.

5.1.6 Primary Health Care Transition Fund

The Primary Health Care Transition Fund supports the DHAs as they develop and implement enhancement to primary health care services throughout the province. Priorities include the creation of new ways to develop sustainable primary health care networks/organizations; increased emphasis on health promotion, injury prevention and population health; and transitioning the primary health care system to an electronic patient record. These activities continue to be informed by the Report of the Nova Scotia Advisory Committee on Primary Health Care Renewal.

5.2 Mental Health Services

5.2.1 Mental Health Strategic Directions

In 2003, the Department of Health provided $2 million in funding to the DHAs and the IWK Health Centre to implement core service standards in key areas of community supports, crisis services, and child and youth services. During 2004-2005, the Department of Health will work with teams of mental health clinicians and consumers to continue the implementation of core service standards and to begin the implementation of specialty service standards for eating disorders, neurodevelopmental disorders, and services to seniors.

5.2.2 Improving the Quality of Mental Health Services

A plan for monitoring the quality, appropriateness and effectiveness of mental health services will be initiated. Included in this plan will be a mental health profile for each DHA and the IWK Health Centre utilizing information from Statistics Canada's *Community Health Surveys*, the Department's ambulatory mental health information system, and hospital discharge abstracts. Pilot testing of standardized outcome and satisfaction measures will enable a uniform approach to evaluating treatment effectiveness and client satisfaction of mental health services.

5.2.3 Child and Youth Mental Health Initiatives

New mental health community-based treatment teams have been established at the Cape Breton DHA and at the IWK Health Centre to serve children and youth who require this level of intensive service.

A new 12-bed provincial Mental Health Rehabilitation unit for youth provides mental health services to youth between the ages of 12 and 19 years who require longer term inpatient treatment. This service had previously been provided only outside of Nova Scotia.

5.2.4 Mental Health Legislation

A new Mental Health Act is being developed. The existing *Hospitals Act* is over thirty years old and needs revision to reflect the Charter of Rights and Freedoms and more current practices in mental health.

5.3 Acute and Tertiary Care

5.3.1 Osteoporosis Standards Implementation and Monitoring

An implementation plan for the recommendations of Provincial Osteoporosis Committee report is being developed. The overall goal is to reduce fractures and the associated effects on individuals and families who have or are at risk of osteoporosis.

5.3.2 MRI Access and Utilization

Magnetic Resonance Imaging (MRI) scanners are used to detect and diagnose soft tissue problems in the brain, spinal cord, heart, major blood vessels and the musculoskeletal system. The Department of Health will facilitate a service and access review to better match resources with any unmet need in under-serviced areas of Nova Scotia.

5.3.3 Provincial Approach To Cardiac Health

Cardiovascular disease is one of the most common causes of death in Nova Scotia. It contributes directly to disability, work loss and premature death. Building on the success of ICONS (Improving Cardiovascular Outcomes in Nova Scotia), the Department of Health is working with a broad range of stakeholders from across the province in a Cardiac Advisory Council.

5.3.4 Provincial Blood Coordinating Program

This new program will be responsible for implementing and evaluating initiatives related to transfusion therapy and alternatives to help ensure blood related products are efficiently, effectively and safely administered across the province. The program has three initial specific objectives:

- To establish and maintain a program to optimize the utilization of blood products and their alternatives.
- To establish and maintain a surveillance program for adverse reactions and major errors related to transfusion therapy.
- To ensure appropriate standards regarding blood transfusion therapy are being implemented and maintained within health care facilities in Nova Scotia.

5.3.5 Provincial Approach to Stroke Care

Following an impact analysis of the integrated provincial stroke strategy, the Acute and Tertiary Branch will facilitate stakeholder collaboration aimed at advancing optimal care and service for Nova Scotians who suffer from stroke. Accepted strategies will be implemented as part of an integrated model of service delivery.

5.3.6 Dialysis Program Expansion

A provincial approach to the development and long term management of dialysis services is being developed. Dialysis services at both the Capital and Cape Breton DHAs are being expanded. This will require integration of dialysis with other programs such as diabetes and organ/tissue donation.

5.3.7 Hospital Additions and Renovations

Projects targeted for completion in 2004-2005 include the Women's and Children's Unit at South Shore Regional Hospital, and the Genetics Lab and the Medical Day Assessment and Treatment Unit at the IWK Health Centre. Projects getting underway include the new Cobequid Community Health Centre, the Dartmouth General Hospital Renal Dialysis Expansion and the expansion of the Halifax Infirmary site's Emergency Department. The Cape Breton Regional Hospital Renal Dialysis Expansion is in progress.

5.4 Insured Health Programs

5.4.1 National Common Drug Review (CDR)

The CDR is an initiative undertaken by all Canadian, publicly funded F/P/T drug plans, with the exception of Québec. The goals of the CDR are to reduce duplication, to maximize use of resources and expertise, and to enhance consistency and quality of drug reviews used to make provincial drug listing decisions. The Atlantic Common Drug Review will be phased out as the national process becomes fully operational.

5.4.2 Best Practices in Pharmaceutical Services

Drug Evaluation Alliance of Nova Scotia (DEANS) The mission of DEANS is to contribute to the health of Nova Scotians by encouraging appropriate use of drugs. DEANS obtains and analyzes information related to critical drug care issues in the province, develops targeted interventions, and evaluates the results. Areas of focus for this year include Chronic Obstructive Lung Disease, osteoarthritis, chronic pain, and acid suppression therapy.

Academic Detailing Service (ADS) ADS is an initiative funded by the Department of Health and managed by Dalhousie Continuing Medical Education (CME). Nova Scotia is the first province in Canada to undertake a province-wide academic detailing program. In this form of CME, trained health care professionals visit physicians individually to provide objective, evidence-based CME on a particular topic in brief (15-20 minute) educational sessions. Research has shown this is one of the most effective forms of continuing medical education. Areas of focus for this year include osteoporosis, Alzheimer's disease and lipid lowering agents.

Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) This is a F/P/T initiative to support best practices in prescribing and

utilization. It supports provinces in their work to promote appropriate drug therapy and to ensure the health system is receiving value from publicly funded prescription drugs. Nova Scotia has been actively involved in the development of this service.

5.4.3 Expanded Access to Prescription Drug

The issue of access to prescription drugs for Canadians was highlighted in both the Kirby and Romanow Reports. An approach to "catastrophic drug coverage" was a major commitment of the First Ministers Accord of 2003. Twenty-one per cent of the population of Nova Scotia does not have prescription drug insurance. Work is underway to develop an income-based prescription drug insurance program.

5.5 Continuing Care Services

5.5.1 Framework for Continuing Care

In order for the Department of Health to respond appropriately to changing care needs for Nova Scotians, work will begin on the development of a framework for continuing care. This will enable the Department to validate current services, examine alternatives for the effective delivery of services, and develop appropriate legislation to support service delivery.

5.5.2 Health Care Costs for Residentially Based Services

The Department of Health will continue the development of a multi-faceted approach to matching resources in nursing homes to the needs of residents. In January 2005, the Department of Health will begin coverage of the full health care costs of seniors in nursing homes, residential care facilities, and community-based options. Individuals who live in licensed residentially based services will pay accommodations and administration costs only.

5.5.3 New Long Term Care Beds

The Department of Health is responding to the need for expanded long term care bed capacity in some areas of the province. In addition to 30 new beds in 2003-2004, an additional 88 are planned for 2004-2005. These increases are part of a broader planning process intended to match changing needs with existing resources.

5.5.4 Hospice Palliative Care

Supported by a range of stakeholders and care providers, a project steering committee has completed service delivery guidelines for hospice palliative care services in Nova Scotia. Information and consultation sessions with the DHAs and the continuing care sector are planned for 2004-2005. Consultation results will inform ongoing service planning for end-of-life care.

5.6 Health Protection, Public Health, Addiction and Emergency Health Services

5.6.1 Emergency Preparedness and Response

The Department of Health is developing plans for comprehensive emergency preparedness and response across the Nova Scotia health sector. Rather than focus planning on a single or anticipated group of potential hazards or threats, the intended "all hazards" approach will address the threats of CBRNET[2] attacks, world economic uncertainty, weather-related disasters, and infectious diseases (e.g. SARS, BSE, WNV[3], pandemic influenza, etc.). This is consistent with the efforts of other provinces and the federal government.

The Department of Health's emergency preparedness and response planning will span the health sector, integrate with analogous and connecting plans in health service delivery organizations (e.g. DHAs and long term care facilities), and involve the provincial Emergency Measures Organization (EMO), Health Canada, and other provincial government departments.

5.6.2 Communicable Disease Control and Prevention

Priorities include:

- Contributing to the implementation of the Nova Scotia HIV/AIDS Strategy by acting on its recommendations and supporting working groups, advisory committees, community activation and education
- Providing resources for the expansion of anonymous testing and needle exchange program initiatives consistent with provincial standards
- Developing protocol for management of individuals identified as unwilling or unable to prevent or manage the spread of HIV/AIDS
- Developing protocol for needlestick post-exposure prophylaxis in the community to prevent the spread of blood borne pathogens
- Supporting the re-evaluation of the provincial immunization schedule to ensure consistency with the national guidelines
- Introducing staged implementation of new publicly funded vaccines

5.6.3 Early Childhood Development

Priorities include:

- Planning for phased implementation of Healthy Beginnings-Enhanced Home Visiting for families and children needing added supports.
- Planning phased implementation of approved guidelines for postnatal support services in the postnatal period to infants, mothers and families.
- Developing standards for prenatal education to ensure comprehensive, efficient and effective supports and services to mothers and families.

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[2] Chemical, Biological, Radiological, Nuclear, Explosive, Terrorist
[3] Severe Acute Respiratory Syndrome, Bovine Spongiform Encephalopathy, West Nile Virus

5.6.4 Public Health Infrastructure

Following the recommendations of Learning from SARS: Renewal of Public Health in Canada (the Naylor Report), and the federal budget,

- Assess and improve capacity to respond to new, emerging and ongoing public health issues in Nova Scotia.
- Work with the federal government to begin development of a regional centre of excellence in public health.

5.6.5 Enhanced Public Health Capacity

The Office of the Chief Medical Officer of Health will expand to include two additional Medical Officers of Health, an epidemiologist, a public health nurse specializing in communicable disease, a part-time position for disaster planning, and an environmental health specialist.

5.6.6 Labour Market Agreement for Persons with Disabilities

The impact of addictions treatment on employability is well documented. The effectiveness of Addictions Services in addressing vocational crisis and client employability will be evaluated.

5.6.7 Enabling Framework for EHS Legislation

A major priority for EHS in 2004-2005 is the establishment of a legislative framework for all aspects of emergency health services delivery in Nova Scotia.

5.7 Health Information Management

The Health Information Management branch supports the strategic goals of the Department of Health by:

- Implementing information tools to facilitate the development of a portable, person-based electronic health record.
- Developing policies, procedures, and practices to protect health information privacy while ensuing appropriate and timely access to health information when it is required for health provision.
- Producing valid, timely information for reporting and decision-making purposes.
- Promoting optimal use of health information and investment in information technology.

5.7.1 Health Information Management Strategy

The Provincial Health Information Management Strategy provides a framework for the provision of sound, useful and user-friendly health information to support evidenced-based decisions by citizens, managers, and clinicians. The Strategy will continue to be refreshed in consultation with stakeholders.

5.7.2 Towards an Electronic Health Record

The Nova Scotia Hospital Information System (NShIS) provides health care professionals with quick, accurate, and appropriate access to patient's medical history information, which is important to providing patient care. The system is a first step towards creating a provincial Electronic Health Record (EHR) for every Nova Scotian. The EHR will provide an integrated view of patient information and support sharing of pertinent information among attending care providers within and between provincial hospitals.

The NShIS is being implemented in 34 hospitals beginning with the Guysborough-Antigonish-Strait DHA in February, 2003. Over 1,700 health care professionals in 13 hospitals in the Guysborough-Antigonish-Strait and Cape Breton DHAs are now using the system. Clinical and administrative orders are now being entered electronically, and reports (e.g. lab results and x-ray results) are viewed by care providers through the hospital medical record. NShIS will begin implementation in the South Shore, Colchester-East Hants and Pictou DHAs this year.

An expansion of the Province's Picture Archiving Capture and Storage (PACS) system is also planned. PACS captures diagnostic images in digital format and allows them to be viewed by radiologists anywhere in the province.

5.7.3 Nova Scotia Telehealth Network (NSTHN)

The NSTHN connects DHAs with a sophisticated videoconferencing system that allows patients in rural areas to consult with specialists in large health centres. The service enhances access to health services and supports clinical education efforts for rural and remote health care personnel. In 2004/05, the NSTHN will continue the expansion of patient-related services.

5.7.4 Privacy and Access

The implementation of federal privacy legislation in January 2004 for components of the health care sector has reinforced the need for a comprehensive privacy framework for health information in Nova Scotia.

Priorities in 2004-2005 include:

- Developing and implementing privacy standards for the Nova Scotia Hospital Information System and other health information systems.
- Working with other jurisdictions on a harmonized set of privacy rules for health information.
- Working with the District Health Authorities on privacy best-practice guidelines.

5.7.5 Health Data

The Department of Health is committed to improving the quality of our data and producing useful indicators and reports to support citizens, clinicians and managers in making evidence-based decisions about health care. This year the Department will produce Nova Scotia's report on the health of our citizens and the performance of the health system as part of the Province's commitment in the First Ministers' Accord.

5.8 Health Human Resources

The Department of Health is developing health human resource strategies involving collaborative and comprehensive research, consultation with partners, training, recruitment and retention.

5.8.1 Chief Health Human Resources Officer

The Department of Health has created the position of Chief Health Human Resources Officer to coordinate the Province's approach to the recruitment, retention and retraining of health care professionals. This is particularly urgent as the health care work force ages and retires over the next few years.

5.8.2 Nursing Strategy

Launched in 2001, Nova Scotia's Nursing Strategy continues to make a positive contribution to nursing recruitment, retention and renewal throughout the province. It addresses nursing's major challenges by providing a comprehensive, coordinated approach to continuing and specialty education, support for recruitment and orientation initiatives, appropriate workforce utilization, and improved quality of work life.

Beginning in 2003, government began investing $7.1 million to train an additional 240 nurses over the next four years. In 2004-05, the department will work with nursing stakeholders to explore the feasibility of further expansion of nursing seats in the province, including the possibility of new education sites.

In 2003-04, the Nursing Strategy awarded $200,000 in Nursing Grants to help nurses undertake 22 short-term projects to enhance nursing practice, improve quality of work life, and promote innovation and creativity. In 2004-05, these projects will be implemented and evaluated.

Also in 2003-04, a provincial working group was established to develop recommendations to enhance the sustainability of the rural nursing workforce. In 2004-05, the department will receive their report and recommendations and identify priorities for implementation.

5.8.3 Medical Laboratory Technologists

In 2004-05, Nova Scotia will continue to fund a joint initiative between the New Brunswick Community College and Nova Scotia Community College to

train 25 Medical Laboratory Technologists. Nova Scotia will offer students bursaries of $4,000 in each year of the 2-year program of studies and in exchange, these students will commit to working in the Nova Scotia health care system for a 2-year period. Other options for meeting the need to train Medical Laboratory Technologists will be identified and explored during 2004-2005.

5.8.4 Physician Alternative Funding Plans (AFP)

Physician Alternative Funding Plans (AFP) provide an alternative to the traditional fee-for-service approach to paying physicians. Rather than simply rewarding patient volumes, AFP arrangements recognize teaching, research, and broader health care objectives.

The Department of Health is committed to improving the accountability provisions of alternative payment arrangements.

5.8.5 Enhancing Physician Training Capacity

The Department of Health is committed to enhancing undergraduate and postgraduate training opportunities for physicians in the province.

Eight new first-year seats were added to the Dalhousie Faculty of Medicine in 2003-04. An additional eight seats will be added to the first-year class in 2004-05.

5.8.6 Physician Resource Plan Implementation Strategy

Nova Scotia's Physician Resource Planning Steering Committee has completed the development of a methodologically robust and flexible approach to physician service planning across the province. Consultations are ongoing and will continue in 2004/05, as implementation plans are developed.

5.8.7 Reducing Barriers to Practice for International Medical Graduates (IMGs)

Recruitment of physicians from other countries is one of several strategies to meet ongoing physician resource requirements for Nova Scotia and Canada as a whole. About 25% of all practicing physicians in Nova Scotia are IMGs.

All IMGs seeking license in Nova Scotia are screened and assessed by the College of Physicians and Surgeons of Nova Scotia (CPSNS) to ensure that their credentials (training, experience, and qualifications) are at the standard of Canadian medical graduates.

This initiative will focus on identifying credential-based and cultural barriers, enhancing evaluation and educational opportunities, and easing entry into medical practice.

5.9 Health System-Wide Priorities

5.9.1 Healthcare Safety

Nova Scotians can be proud of the competent and dedicated personnel who work in the health system and of the comprehensive programs that are provided. Even with our many assets, however, undesirable outcomes can occur occasionally.

Healthcare or "patient" safety is not a new issue. Significant measures have been introduced over the years in various health care delivery settings. Although much has been done, more can be accomplished through targeted actions and collaboration across the health care continuum of services. Nova Scotia is represented on the newly established Canadian Patient Safety Institute and is coordinating a provincial counterpart working group to identify and address safety issues. DHAs and other health organizations will continue to collect information on adverse events and improve processing to ensure safety.

5.9.2 Provincial Wait Times Monitoring Project

Valid and reliable information on the performance of the health care system is critical for the effective management of the system. It provides the evidence required to make good decisions about the best allocation of resources. A steering committee was formed consisting of 18 members who represent the clinical community and health care administration from various health districts in the province and the Nova Scotia Department of Health. The steering committee selected the following key areas for development:

- Surgical Services (beginning with Orthopedics)
- Diagnostics (beginning with MRI/ CT and Genetic Screening)
- Referrals from General Practitioner to Specialist (beginning with Gastroenterology, Medical Oncology and Plastic Surgery).

A standing Wait Time Monitoring Advisory Committee will be formed to:

- Oversee the development of a province-wide way of collecting standard wait time information for a range of health care services.
- Publish wait time information so that Nova Scotians can make informed choices about whether to seek care from another physician if wait times are shorter.
- Work to address the bottlenecks so that wait times are shortened.

5.9.3 Acadian and Francophone Access to French Language Health Services

Following a recent report on the availability of French language health services in Nova Scotia, the Department of Health, working with the Department of Acadian Affairs, is developing a plan to improve access to French language health services for the approximately 37,000 Nova Scotians whose first language is French.

5.9.4 Chronic Disease Management

The management of chronic disease and the burden of illness of our aging population is a growing challenge for the Nova Scotia health system. Complementing the efforts of the Office of Health Promotion, the Department of Health will work with service providers in primary care, acute care and other settings to improve self-care and promote effective multidisciplinary patient management practices. Efforts will focus on improving care coordination and service integration.

5.9.5 Patient Navigation for Cancer Patients and their Families

Many of the province's DHAs have chosen to adopt an approach to cancer patient navigation. Begun by Cancer Care Nova Scotia, patient navigation ensures patients and their families have the information, knowledge and support they need to navigate the complexities of the cancer care system.

5.9.6 Multi-Year Funding for Front-Line Health Care

Beginning in 2003-2004, the Department of Health committed to increasing funding for hospitals and other services provided by the DHAs by at least seven per cent per year. This will continue in 2004-2005, adding significant support to front-line health care. This funding is in addition to funding already provided for salaries and negotiated salary increases.

6. Budget Context

Program and Service Area	2003/04 Estimate ($ thousands)	2003/04 Forecast ($ thousands)	2004/05 Estimate ($ thousands)
Departmental Administration	$28,386	$26,872	$30,997
Emergency Health Services	$65,624	$65,426	$74,091
Medical Payments	$425,694	$447,206	$511,334
Pharmacare Program	$95,692	$96,700	$102,954
Other Insured Programs	$33,889	$32,545	$36,851
Revenue and Recovery	($27,554)	($22,991)	($24,557)
Other Health Initiatives	$87,836	$81,623	$82,074
Other Programs	$20,836	$12,007	$8,256
District Health Authorities	$1,029,916	$1,087,069	$1,108,392
Care Coordination	$25,894	$23,767	$26,246
Home Care Services	$101,199	$92,300	$100,407
Long Term Care Program	$222,542	$224,395	$246,645
Capital Grants	$1,500	$1,500	$38,000
Total	$2,111,454	$2,168,419	$2,341,690

Funded Staff DoH Staff (FTEs)	661.0	616.0	676.3
Less: Staff Funded By External Agencies	(8.7)	(6.7)	(8.8)
Total DoH Provincially Funded Staff	652.3	609.3	667.5

7. Performance Measures 2004-2005

Outcomes and Outcome Measures

In September, 2000, First Ministers of Health in Canada issued a *Communique on Health* in which they agreed to provide clear accountability reporting to Canadians. The move towards national consistency in reporting has required some changes in measures over the years. Those cases in which changes from the previous year's business plan exist are noted. In most cases, this reflects relatively small variations in definitions or data. The Department of Health will continue to participate in the development of nationally comparable information and refine its measures accordingly.

For this business plan, the Department of Health has selected measures and corresponding targets, which are consistent with national reporting requirements and portray activity across the span of its core business areas. Some of the measures that appeared in the 2003-2004 Business Plan are not in this report, but included in the Office of Health Promotion Business Plan.

The Department of Health is committed to working with health care providers, health system managers, and other government departments in the ongoing development of meaningful performance measures.

Core Business Area: Health Protection, Public Health and Emergency Health Services				
Outcome	**Measure**	**Basic Year Measure (state year)**	**Target 2004/05**	**Strategic Actions to Achieve Target**
Public Health				
Decrease in diseases which can be prevented by vaccine	➢ **Population over 65 who report having a flu shot in the past year****	**62% (00/01)**	**80%**	**Immunization for prevention of influenza is a key public health intervention. Increase coverage through collaboration with other agencies, increasing the number and variety of public health services clinics, continuance of the annual public awareness campaign and continued work with professional groups (such as Pharmacy Association, Medical Society and others).**

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting.

Core Business Area: Primary Health Care				
Outcome	**Measure**	**Basic Year Measure (state year)**	**Target 2004/05**	**Strategic Actions to Achieve Target**
Primary Health Care				
Improved access to teams of primary care providers	➢ **Number of nurses working in primary care offices**	**122 (01/02)**	**To be determined**	**Complete planning for the development of a renewed, community-based primary health care system for Nova Scotia. ***
	➢ **Number of approved nurse practitioners in primary health care setting**	**4 (01/02)** **13 (02/03)**	**To be determined**	**Support nurse practitioner education program.** **Continued development of innovative primary health care organizations with the DHAs.**

* Measures related to the initiative are under development and, in future, may include: % of population served by physician group practices, % of population served by interdisciplinary teams, % of primary care physicians receiving alternative payment arrangements.

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting.

Core Business Area: Mental Health Services				
Outcome	**Measure**	**Basic Year Measure (state year)**	**Target 2004/05**	**Strategic Actions to Achieve Target**
Maintain persons with serious mental health problems in their communities	➢ **Number of clients with serious mental health problems treated outside of inpatient hospital settings**	**(00/01)** **Adults 1886** **Children & Youth 760**	**2283** **920**	**Redirect resources to improve service availability for this target group.**
	➢ **Average number of community-based visits for clients with serious mental illness**	**Adults 14.5** **Children & Youth 5.0**	**15.5** **6.0**	***This measure relates to the amount of time or service available to the clients who require ongoing and intensive attention.***
Responsive services to persons who require hospitalization	➢ **Proportion of all patient days spent in hospital accounted for by patients with serious mental illness**	**71% (00/01)**	**75%**	**Continue to support shifting service options from inpatient hospital care to alternate settings where appropriate.**

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting.

Core Business Area: Acute and Tertiary Care				
Outcome	**Measure**	**Basic Year Measure (state year)**	**Target 2004/05**	**Strategic Actions to Achieve Target**
Access to quality hospital services	➢ **Hospitalization of people age 65 or older for pneumonia and influenza**	**1,312 per 100,000 population**	**Reduce below the Canadian average 1,273 per 100,000 (98/99)**	**Continue to work towards increased coverage of population over 65 receiving immunization against pneumonia and influenza.** **Review opportunities to use outpatient services whenever appropriate to treat these conditions.**
	➢ **Number of total knee replacement surgeries****	**87 per 100,000 population (00/01)**	**No lower than the Canadian average 61 per 100,000 (98/99)**	**Continue to collaborate with all other provinces across Canada to track information on these procedures which have been shown to substantially improve the quality of life of those receiving them.**
	➢ **Number of total hip replacement surgeries****	**59 per 100,000 population (00/01)**	**57 per 100,000 (98/99)**	

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting.

Core Business Area: Acute and Tertiary Care (cont'd)				
Outcome	**Measure**	**Basic Year Measure (state year)**	**Target 2004/05**	**Strategic Actions to Achieve Target**
Best use of inpatient hospital services	➢ **Proportion of people admitted to hospital for conditions where appropriate outpatient care may prevent the need for hospitalization# ****	**350 per 100,000 population**	**No higher than the Canadian average 411 per 100,000 (98/99)**	**Continue to monitor effective utilization of hospital beds and review alternate settings for care with other health system provider organizations.** **Further develop data quality for this measure.** **Continue to monitor effective utilization of hospital beds and review opportunities to use outpatient services most effectively.**

Referred to as *Ambulatory Care Sensitive Conditions* by Canadian Institute for Health Information

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting.

Core Business Area: Insured Health Programs				
Outcome	**Measure**	**Basic Year Measure (state year)**	**Target 2004/05**	**Strategic Actions to Achieve Target**
Appropriate number and distribution of health care providers	➢ **Health human resource positions filled in under served areas**	**85% (2002)**	**80% or higher**	**Continue to support physician recruitment initiatives throughout the province through:** ▪ **Website listing vacancies** ▪ **Recruitment guide** ▪ **Advertising** ▪ **Incentives.** **Test alternative collaborative approaches to providing primary health care in under served areas.** **Conduct health human resource planning that addresses the supply and distribution of health care professionals and other workers.**

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting.

Core Business Area: Emergency Health Services				
Outcome	**Measure**	**Basic Year Measure (state year)**	**Target 2004/05**	**Strategic Actions to Achieve Target**
Access to quality emergency health services	➢ **Percent response times from ambulance dispatch to arrival at the emergency scene was 9 minutes or less**	**66% (2000/01)**	**68%**	**Continue to improve monitoring and feedback to staff for the purposes of refining processes.**
	➢ **Survival rates for out of hospital cardiac arrests**	**6.9% (2000)**	**6.9%**	**Maintain training and ongoing procedural review and development.** **Explore development of a bystander care initiative.**

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting.

Core Business Area: Continuing Care Services				
Outcome	**Measure**	**Basic Year Measure (state year)**	**Target 2004/05**	**Strategic Actions to Achieve Target**
Access to quality Home Care and Long Term Care Services	➢ **Amount of time clients wait for service**	**Data will be available for Long Term Care in 03/04; Home Care in 04/05.**	**To be determined from baseline data.**	**Establish single entry access in Nova Scotia including the continued development of strategies and policies for:** ▪ **Human resources** ▪ **Financial management** ▪ **Policy review** ▪ **Forms and documentation** ▪ **Data collection & standards**
	➢ **Estimated percent of population (age 15 or over) receiving homemaking nursing or respite services****	**Data will be available from Canadian Community Health Survey in May,2002.**	**To be determined from baseline data.**	

** Measures marked with double asterisks are or will be reported consistently by all provinces and territories as part of a national agreement on accountability reporting.